

**PLAN YEAR 1/1/2021 THROUGH 12/31/2021**  
**DENTAL AND VISION APPLICATION FOR BALTIMORE COUNTY GOVERNMENT RETIREES**

**Return to:**  
**BALTIMORE COUNTY INSURANCE DIVISION**  
**400 WASHINGTON AVE, RM 111, TOWSON, MD 21204**  
**Email: bcbenefits@baltimorecountymd.gov**

**Phone # 410-887-2568**  
**FAX # 410-887-3820**

**FOR INS. USE ONLY:**  
 Effective date: \_\_\_\_\_  
 Completed by: \_\_\_\_\_  
 Date processed: \_\_\_\_\_

**RETIREE PERSONAL INFORMATION**

<b>Retiree Name</b>			<b>Street</b>				
<b>Retiree SSN</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>DOB</b>		<b>Primary Phone</b>					

**DEPENDENT(S) BEING ADDED OR REMOVED**

<b>Name</b>	<b>Relationship</b>	<b>SSN</b>	<b>Gender</b>	<b>Date of Birth</b>

**BENEFIT PLAN OPTIONS**

PLEASE CHOOSE PLAN DESIRED AND LEVEL OF COVERAGE OR WAIVE

**NON-MEDICARE RETIREES**    ☐ **Waive Dental**    ☐ **Waive Vision**    ☐ **Waive Dental & Vision**

<input type="checkbox"/> CareFirst BCBS Traditional Dental	Individual \$35.15	Parent/Child \$52.71	Retiree/Spouse \$70.29	Family \$105.47
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	Individual \$7.18	Parent/Child \$10.19	Retiree/Spouse \$13.39	Family \$20.40
<input type="checkbox"/> Cigna Dental Care HMO	Individual \$5.49	Parent/Child \$9.90	Retiree/Spouse \$10.97	Family \$16.54
<input type="checkbox"/> CareFirst BCBS Davis Vision	Individual \$.27	Parent/Child \$.40	Retiree/Spouse \$.54	Family \$.81

**MEDICARE RETIREES/ NON- MEDICARE SPOUSE OF MEDICARE RETIREE**  
**OVER AGE 65 RETIREES & SPOUSES**

☐ **Waive Dental**    ☐ **Waive Vision**    ☐ **Waive Dental & Vision**

<input type="checkbox"/> CareFirst BCBS Traditional Dental	Individual \$35.15	Parent/Child \$52.71	Retiree/Spouse \$70.29	Family \$105.47
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	Individual \$28.75	Parent/Child \$40.76	Retiree/Spouse \$54.39	Family \$81.61
<input type="checkbox"/> Cigna Dental Care HMO	Individual \$21.99	Parent/Child \$39.62	Retiree/Spouse \$43.89	Family \$66.16
<input type="checkbox"/> CareFirst BCBS Davis Vision	Individual \$2.70	Parent/Child \$4.06	Retiree/Spouse \$5.40	Family \$8.11

**Retiree Signature**

**Date**